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TO ANCINITTAL FOI	D84	Application No.	10/025,265
TRANSMITTAL FO	KIVI	Filing Date	December 18, 2001
(to be used for all correspondence after in	nitial filing)	First Named Inventor	Chandrasekar Krishnamurthy
		Art Unit	2662
		Examiner Name	Pezzlo, John
Total Number of Pages in This Submission	17	Attorney Docket Number	81862P253

ENCLOSURES (check all that apply)						
Fee Transmittal Form	n	Drawing(s)		After Allowance Communication to TC		
Fee Attached		Licensing-related Papers		Appeal Communication to Board of Appeals and Interferences		
Amendment / Respon	nse	Petition		Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)		
After Final Affidavits/decla	aration(s)	Petition to Convert a Provisional Application		Proprietary Information		
Extension of Time Re	equest	Power of Attorney, Revocation Change of Correspondence Address		Status Letter		
Express Abandonme	nt Request	Terminal Disclaimer		Other Enclosure(s) (please identify below):		
Information Disclosur	re Statement	Request for Refund		Check for \$450.00 Return postcard		
PTO/SB/08		CD, Number of CD(s)				
Certified Copy of Price Document(s)	ority	Landscape Table on CD				
Response to Missing Incomplete Application						
Basic Filin		Remarks				
Declaratio	_					
Response to M Parts under 37 1.52 or 1.53	Response to Missing Parts under 37 CFR 1.52 or 1.53					
	SIGNATURI	E OF APPLICANT, ATTORNEY, OR AG	ENT			
Firm Lester J. Vincent, Reg. No. 31,460						
Individual name BLAKELY, SOKOLOFF, TAYLOR & ZAFMAN LLP						
Signature July 1						
Date March 24, 2006						
	CERTIF	CATE OF MAILING/TRANSMISSION				
I hereby certify that this correspondence is being deposited with the United States Postal Service on the date shown below with sufficient postage as first class mail in an envelope addressed to: Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.						
Typed or printed name Joan I. Abriam						
Signature Date 3/24/0C						

First P 2005 Parent fees are subject to annual revision. □ Applicant claims small entity status. See 37 CFR 1.27. TOTAL AMOUNT OF PAYMENT (s) 450.00 METHOD OF PAYMENT (check all that apply) □ Check □ Credit card □ Money Order □ None □ Other (please identify): □ Deposit Account Deposit Account Number: 02-2666 Deposit Account Name: Blakely, Sokoloff, Taylor & Zafma For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) □ Charge fee(s) indicated below □ Charge fee(s) or underpayment of fee(s) □ Charge fee(s) indicated below □ Charge fee(s) indicated below, except for the filling □ Charge fee(s) indicated below □ Charge fee(s) indicated below, except for the filling □ Charge fee(s) indicated below □ Charge fee(s) indicated below □ Charge fee(s) indicated below, except for the filling □ Charge fee(s) indicated below □ Charge fee(s) □ Charge fee(s) indicated below □ Charge fee(s) □	CEE TO A NOMITTAL	_	Complete if Known
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METHOD OF PAYMENT (check all that apply) □ Check □ Credit card □ Money Order □ None □ Other (please identify): □ Deposit Account Deposit Account Number: 92-2666 □ Deposit Account Name: Blakely, Sokoloff, Taylor & Zafma For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) □ Charge fee(s) indicated below □ Charge fee(s) indicated below, except for the filing □ Charge any additional fee(s) or underpayment of fee(s) □ Charge any additional fee(s) or underpayment of fee(s) □ Charge fee(s) indicated below, except for the filing □ Charge any additional fee(s) or underpayment of fee(s) □ Charge fee(s) indicated below, except for the filing □ Charge fee(s) indicated below, e			
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SUBMITTED BY					Complete (if applicable)	
Name (Print/Type)	Lester J. Vincent	Registration No. (Attorney/Agent)	31,460	Telephone	(408) 720-8300	
Signature	Heatth			Date	Men ch 24, 2006	